

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 7 1943

Registration District No. 377

Primary Registration District No. 61529

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Dudley  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME William Douglas Miller

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 8 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 0 10 hr. min.

9. Birthplace Dudley Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name William Miller  
13. Birthplace Stoddard Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Hendrix  
15. Birthplace Stoddard Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant A. Hendrix  
(b) Address Dudley, Mo.

17. (a) Burial (b) Date thereof 4/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dudley, Mo.

18. (a) Signature of funeral director Blankenship-Strickland  
(b) Address Dexter, Mo.

19. (a) 4-10-43 (b) Nora Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Dudley  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. 7 A.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1943 hour 10 minute p. M.

21. I hereby certify that I attended the deceased from Apr. 8th 1943 to Apr. 8th 1943  
that I last saw him alive on April 8th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Brain  
uterine inertia  
and dystocia  
Due to  
Due to

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
1600

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Dr. J. H. Smith (M.D. or other)  
Address Dexter Date signed 4/9/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Office No. 2, 6

District File Number 543-2420

Date Filed 5-6-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**